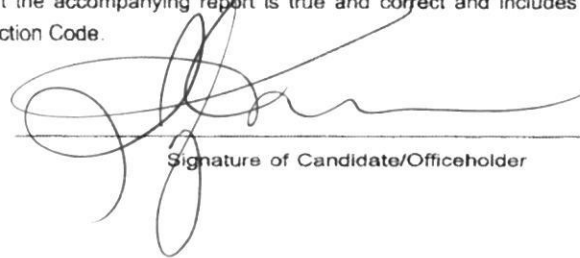


JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME Ingrid M. Warren		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4,756.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,909.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 37,907.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

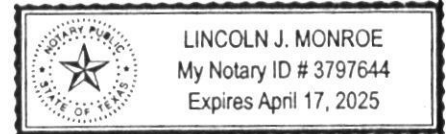
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ingrid M. Warren this the 17th day of July

20 2023, to certify which, witness my hand and seal of office.

Lincoln J Monroe LINCOLN J MONROE Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,100.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16,909.40
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Rebecca Covell	7 Amount of contribution (\$) 250.00
6 Contributor address; City: State: Zip Code 14820 Vintage Lane, Addison, TX 75001		
8 Contributor's principal occupation Attorney		9 Contributor's job title Owner
10 Contributor's employer/law firm Covell P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ John H. Norris III	Amount of contribution (\$) 1,000.00
Contributor address; City: State: Zip Code 3811 Turtle Creek Blvd., Suite 400, Dallas, TX 75219		
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm Norris & Weber, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Ronald Foxman	Amount of contribution (\$) 250.00
Contributor address; City: State: Zip Code 6901 McKamy Blvd., Dallas, TX 75248		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Higier Allen & Lautin, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Ingrid M. Warren

3 Filer ID (Ethics Commission Filers)

4 Date

2/22/23

5 Full name of contributor

Anne Ashby

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

11700 Preston Rd., 660 #252, Dallas, TX 75230

8 Contributor's principal occupation

Attorney

9 Contributor's job title

President

10 Contributor's employer/law firm

The Law Office of Anne Ashby

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/22/23

Full name of contributor

Cynthia Spencer

out-of-state PAC ID#: _____

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1102 Main Street, Garland, TX 75040

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Self-Employed

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/27/23

Full name of contributor

Thaddeus Sims

out-of-state PAC ID#: _____

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

6535 Redine Rd., Dallas, TX 75248

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Thaddeus M. Sims, PC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ira Silverman	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 3535 Gillespie, #605, Dallas, TX 75219		
8 Contributor's principal occupation Attorney		9 Contributor's job title Partner
10 Contributor's employer/law firm Silverman Goodwin LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mark Malveaux	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 6138 Descro Dr., Dallas, TX 75225-1903		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm McCall Parkhurst		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Pat Beard	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 18039 Windtop Lane, Dallas, TX 75297		
Contributor's principal occupation CPA		Contributor's job title
Contributor's employer/law firm Beaird Harris		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Craig Penfold	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 5950 Sherry Lane, Suite 220, Dallas, TX 7525		
8 Contributor's principal occupation Attorney		9 Contributor's job title Partner
10 Contributor's employer/law firm Penfold & Long PC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Paul Wingo	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 325 N. Saint Paul St., #3300, Dallas, TX 75201		
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm Hamilton Wingo, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ana Pace	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3610 Cypress Grove Ct., Richardson, TX 75082		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Ana M. Pace		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Glynis Redwine	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 1329 Sunset Ridge Cir., Cedar Hill, TX 79104		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm G. Redwine, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Buena Vista Lyons	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1019 Greenbriar Lane, Duncanville, TX 79137		
Contributor's principal occupation Attorney		Contributor's job title Office Managing Partner
Contributor's employer/law firm Ford Harrison LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Claire Collins	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 12553 Montego Plaza, Dallas, TX 75230		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Irigrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jerry C. Alexander	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 2500 Renaissance Tower, 1201 Elm St., Dallas, TX 75270		
8 Contributor's principal occupation Attorney		9 Contributor's job title
10 Contributor's employer/law firm Passman Jones		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Shawna Brown	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 12222 Merritt Dr., Suite 1200, Dallas, TX 75251		
Contributor's principal occupation Attorney		Contributor's job title Owner
Contributor's employer/law firm Law Offices of Shawna L. Brown PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Thomas Cantrill	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 8401 N. Central Expwy., Suite 210, Dallas, TX 75219		
Contributor's principal occupation Attorney		Contributor's job title
Contributor's employer/law firm Hunton Andrews Kurth		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Wynthia J. Cheatum	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 26 Lakeview Pkwy., Suite B-213, Rowlett, TX 75088		
8 Contributor's principal occupation Attorney		9 Contributor's job title Owner
10 Contributor's employer/law firm Wynthia J. Cheatum & Associates		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Thelma Clardy	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1801 N. Hampton Rd., #456, DeSoto, TX 75115		
Contributor's principal occupation Attorney		Contributor's job title Owner
Contributor's employer/law firm The Thelma Clardy Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Vickie Dean	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8401 N. Central Expwy., Suite 210, Dallas, TX 75219		
Contributor's principal occupation Judicial Support Staff		Contributor's job title Administrative Assistant
Contributor's employer/law firm Dallas County Probate Court No. 2		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Marsha L. Dekan	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 333 Lee Pkwy., Fl 8, Dallas, TX 75219		
8 Contributor's principal occupation Attorney		9 Contributor's job title
10 Contributor's employer/law firm Settle Pou		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Sharion L. Fisher	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 900 Jackson St., Suite 115, Dallas, TX 75287-7541		
Contributor's principal occupation Attorney		Contributor's job title Owner
Contributor's employer/law firm Sharion L. Fisher, Attorney		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Flournoy McLain, PC	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1000 N. Central Expwy., Suite 800, Dallas, TX 75231		
Contributor's principal occupation Law Firm		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Gant & Hicks, PLLC	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City: State: Zip Code 1409 Botham Jean, Suite 711, Dallas, TX 75215		
8 Contributor's principal occupation Law Firm		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Frank H. Hagle, Jr.	Amount of contribution (\$) 100.00
Contributor address; City: State: Zip Code 530 S. Carrier Pkwy., Suite 300, Grand Prairie, TX 75051		
Contributor's principal occupation Attorney		Contributor's job title Owner
Contributor's employer/law firm Law Office of Frank Hagle, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Will Hartnett	Amount of contribution (\$) 1,000.00
Contributor address; City: State: Zip Code 2920 N. Pearl St., Dallas, TX 75201		
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm The Hartnett Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Walter Irvin	7 Amount of contribution (\$) 350.00
6 Contributor address; City; State; Zip Code 5787 S. Hampton Rd., Ste. LB 122, Dallas, TX 75232		
8 Contributor's principal occupation Attorney		9 Contributor's job title Owner
10 Contributor's employer/law firm Walter L. Irvin, Attorney and Counselor		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Albert Levy	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code		
Contributor's principal occupation Attorney		Contributor's job title Owner
Contributor's employer/law firm Albert Levy, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Trelaine Mapp	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code		
Contributor's principal occupation Construction/General Contractor		Contributor's job title President and CEO
Contributor's employer/law firm Source Building Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ R. J. Watts II	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 11910 Greenville Ave., Suite 509, Dallas, TX 75243		
8 Contributor's principal occupation Attorney		9 Contributor's job title Partner
10 Contributor's employer/law firm Law Office of R. J. Watts II		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Paul Wright	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ William Houser	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 10000 N. Central Expwy., Suite 800, Dallas, TX 75231		
8 Contributor's principal occupation Attorney		9 Contributor's job title Owner
10 Contributor's employer/law firm Houser Law Firm, P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 3/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Patrick Rucker	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code PO Box 2541, DeSoto, TX 75123		
Contributor's principal occupation COO		Contributor's job title COO
Contributor's employer/law firm Redmond and Eiland, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 3/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Thaddeus Sims	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 15150 Preston Rd., Suite 300, Dallas, TX 75248		
Contributor's principal occupation Attorney		Contributor's job title Owner
Contributor's employer/law firm Thaddeus M. Sims, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Elliott Burdette	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 4312 Edmondson Avenue, Dallas, TX 75205		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Glast Phillips Murray		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 3/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Thomas Bittner	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2101 Ross Ave., Suite 2500, Dallas, TX 75201		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 3/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Paulette Mueller	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 10770 Inwood Road, Dallas, TX 75229		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Underwood Perkins		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ William Mahomes, Jr.	7 Amount of contribution (\$) 400.00
6 Contributor address; City; State; Zip Code 7775 Firefall Way, Suite 1216, Dallas, TX 75230		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Cantu Harden Montoya		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 3/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Victoria Welcome	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4026 Lemmon Avenue, Dallas, TX 75219		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 3/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Geoffrey Sansom	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 2905 Sackett St., Houston, TX 77098		
Contributor's principal occupation Attorney		Contributor's job title Owner
Contributor's employer/law firm Geoffrey C. Sansom, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Wendy Dawer	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 17431 Woods Edge Dr., Dallas, TX 75287-7541		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Self-Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 3/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sarah Oliai	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4521 San Jacinto Street, Dallas, TX 75204		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 3/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Zane Frisbie	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5850 Town and Country Blvd., Suit 501, Frisco, TX 75034		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Shelly West	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 6688 N. Central Expressway, Suite 1000, Dallas, TX 75206		
8 Contributor's principal occupation Attorney		9 Contributor's job title Owner
10 Contributor's employer/law firm Law Offices of Shelly B. West		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 3/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rachel Williams	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 10300 N. Central Expy., Suite 544, Dallas, TX 75231		
Contributor's principal occupation Attorney		Contributor's job title Owner
Contributor's employer/law firm Williams Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 3/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Daniella Landers	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2402 Bay Manor St., Pearland, TX 77584, Pearland, TX 77584		
Contributor's principal occupation Attorney		Contributor's job title Womble Bond Dickinson LLP
Contributor's employer/law firm Attorney		Law firm of contributor's spouse (if any) Attorney
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rosemary Redmond	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2626 Cole Ave., Suite 300, Dallas, TX 75204		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Self-Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 3/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jason Lemons	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 907 Blue Lake Circle, Richardson, TX 75080		
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm Lemons & Halibauer, LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)
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4 Date 2/11/23	5 Payee name Community Missionary Baptist Church
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6 Amount (\$) 150.00	7 Payee address; 115 W. Belt Line Rd., Ste. 211A, DeSoto, TX 75115	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation/Contribution by Officeholder	(b) Description Charitable Contribution
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/13/23	Payee name Jack & Jill of America, Inc. Dallas Chapter
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Amount (\$) 300.00	Payee address; 10917 Carissa Dr., Dallas, TX 75218	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Souvenir Journal Ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/27/23	Payee name JS Flowers
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Amount (\$) 517.00	Payee address; 391 Las Colinas Blvd., E., Ste 130-2099, Irving, TX 75039	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Floral Arrangements for Office Holder Reception
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fee
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Payee name Fast Signs	
6 Amount (\$) 109.43	7 Payee address: City: State: Zip Code 2829 Oak Lawn Ave., Dallas, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Printing Expense - Poster for Officeholder Reception
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/6/23	Payee name Dallas Photo Lab	
Amount (\$) 1,820.00	Payee address: City: State: Zip Code Cedar Springs Rd., Dallas, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising & Event Expense	Description Website update, digital invitation & Event Photography
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/10/23	Payee name Ocean Prime	
Amount (\$) 5,071.60	Payee address: City: State: Zip Code 2101 Cedar Springs Rd., Ste. 150, Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Fundraiser (Location, Food & Beverage)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)
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4 Date 3/25/23	5 Payee name Hotel Stella
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6 Amount (\$) \$309.22	7 Payee address; City; State; Zip Code 4100 Lake Atlas Dr., Bryan, TX 77807
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Hotel & Food Cost for Texas Aggie Bar Association 245h Annual Conference March 25, 2023
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/3/23	Payee name Irving NAACP
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Amount (\$) 200.00	Payee address; City; State; Zip Code PO Box 166253, Irving, TX 75016
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense (Donation)	Description Golf Tournament Hole Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/23	Payee name Dallas Foundation, a Nonprofit Corp
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Amount (\$) 250.00	Payee address; City; State; Zip Code 3000 Pegasus Drive, Suite 930, Dallas, TX 75247
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations by Officeholder	Description Dallas Hispanic Law Foundation Amanecer Luncheon
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/23	5 Payee name Nora Jackson	
6 Amount (\$) 795.90	7 Payee address; City: State: Zip Code 5435 N. Garland Ave., Suite 140-225, Garland, TX 75040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages Contract Labor	(b) Description Administrative Support
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 4/27/23	Payee name Center for Women in Law	
Amount (\$) 250.00	Payee address; City: State: Zip Code 727 E. Dean Keaton St., University of TX School of Law Austin, TX 78705-3225	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations by Officeholder	Description Non-profit Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date 5/17/23	Payee name New Hope Baptist Church	
Amount (\$) 154.79	Payee address; City: State: Zip Code 5002 S. Central Expwy., Dallas, TX 75215	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations by Officeholder	Description Church's 150th Anniversary
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)
4 Date 6/2/23	5 Payee name State Bar of Texas	
6 Amount (\$) 540.00	7 Payee address; City: State: Zip Code PO Box 12487, Austin, TX 75711-2487	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description /Bar Dues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/5/23	Payee name Dallas Photo Lab	
Amount (\$) 1,820.00	Payee address; City: State: Zip Code Cedar Spring Rd., Dallas, Texas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising & Event Expense	Description Website update, digital invitations & Event Photography
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/29/23	Payee name Miriam Cocina Latina	
Amount (\$) 329.96	Payee address; City: State: Zip Code 2015 Woodall Rogers Fwy., Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Reimbursement	Description Office Lunch & Appreciation for Charles
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)
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4 Date 6/30/23	5 Payee name NationBuilder
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6 Amount (\$) 246.00	7 Payee address: 520 S. Grand Ave., Los Angeles, CA 90071	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description \$41.00 Monthly Fee for Processing Donations during January thru June 2023
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/30/23	Payee name MailChimp
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Amount (\$) 2,317.20	Payee address: The Rocket Science Group, LLC, 675 Ponce de Leon, NE Suite 5000, Atlanta, GA 30308	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Monthly Website Design & Maintenance for Jan thru June 2023
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/7/23	Payee name Nora Jackson
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Amount (\$) 1,393.30	Payee address: 5435 N. Garland Ave., Suite 140-225, Garland, TX 75040	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Administrative Support
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED